NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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Contents

Resource impact summary report 3
Guidance recommendations 3
Financial and capacity resource impact 3
Eligible population for dupilumab 4
Treatment options for the eligible population 5
Key information 6
About this resource impact summary report 6

Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendations

See NICE's recommendations on dupilumab for treating severe chronic rhinosinusitis with nasal polyps.

Financial and capacity resource impact

The company has a commercial arrangement. This makes dupilumab available to the NHS with a discount. The size of the discount is commercial in confidence.

Users can input the price of dupilumab and amend other variables in the resource impact template.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

Clinical trial evidence suggests that dupilumab plus usual treatment reduces symptoms and nasal polyp size compared with placebo plus usual treatment.

Table 1 shows the impact on capacity activity in each of the next 3 years.

Table 1 Capacity impact (activity) in England

Year	Number of surgeries
Current practice (without dupilumab)	1,016
Year 1	813
Year 2	616

Year	Number of surgeries
Year 3	525

Dupilumab is intended for long-term treatment. It is administered subcutaneously and is assumed to be administered at home via a homecare service.

Standard care costs have been excluded because the costs are minimal. It is also expected that their use will be similar before and after the introduction of dupilumab because dupilumab is an add-on to intranasal corticosteroids, which is the current standard care treatment.

As people start treatment with dupilumab there will be a reduction in endoscopic sinonasal surgeries due to the condition being controlled in more people.

Users can update the number of appointment and tests in the resource impact template to reflect local practice.

For further analysis or to calculate the financial and capacity impact from a commissioner and provider perspective, see the resource impact template.

Eligible population for dupilumab

For this evaluation, the company asked for dupilumab to be considered only for a subgroup of people who have had at least 1 sinus surgery and who have a SNOT-22 score of at least 50. This does not include everyone who it is licensed for.

Table 2 shows the population who are eligible for dupilumab and the number of people who are expected to have dupilumab in each of the next 3 years, excluding forecast population growth.

Table 2 Population expected to be eligible for dupilumab in England

Eligible population and uptake	Number of people eligible for dupilumab	Uptake for dupilumab (%)	Number of people starting treatment each year	Number of people continuing treatment from previous year(s)	Number of people having dupilumab each year
Current practice without dupilumab	7,755	0	0	0	0

Eligible population and uptake	Number of people eligible for dupilumab	Uptake for dupilumab (%)	Number of people starting treatment each year	Number of people continuing treatment from previous year(s)	Number of people having dupilumab each year
Year 1	7,755	20	1,551	0	1,551
Year 2	7,755	40	1,551	1,501	3,052
Year 3	7,755	50	776	2,970	3,745

The following assumptions have been used to calculate the eligible population:

- the prevalence of chronic rhinosinusitis with nasal polyps (CRSwNP) is estimated to be 476 per 100,000 adults (Benson et al. 2023)
- of those with CRSwNP, the same study estimates that 29.6% of people have had at least 1 prior sinus surgery
- approximately 50% of people with CRSwNP have uncontrolled disease after surgery (Joustra et al. 2025)
- ear, nose and throat (ENT) consultants estimate that 23.5% of people who have uncontrolled CRSwNP after surgery have a score of at least 50 on the 22-item sinonasal outcomes test (SNOT-22)
- a 3.2% (year 1) and a 2.2% (year 2 and onwards) annual probability of treatment discontinuation is applied to people having dupilumab. Those who discontinue are assumed to do so at the end of the year and so incur a full year treatment cost for the year they discontinue in (company submission).

The uptake for dupilumab is based on clinical expert opinion. Users can amend the uptake in the resource impact template.

Treatment options for the eligible population

Usual treatment for severe chronic rhinosinusitis with nasal polyps that is not controlled well enough by systemic corticosteroids or sinus surgery, or both, includes further corticosteroids (intranasal and systemic) and further sinus surgery.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Key information

Table 3 Key information

Time from publication to routine commissioning funding	Interim funding available which ends 90 days after positive final guidance is published at which point funding will switch to routine commissioning budgets.
Programme budgeting category	11A Problems of the respiratory system - Obstructive Airways Disease
Commissioner	NHS England
Provider	NHS Hospital trusts
Pathway position	Severe chronic rhinosinusitis with nasal polyps

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on dupilumab for treating severe chronic rhinosinusitis with nasal polyps and should be read with it.

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